OFFICE OF THE CHIEF OF POLICE

SPECIAL ORDER NO. 27 **August 31, 2006**

SUBJECT: DRUG INFLUENCE EVALUATION REPORT - REVISED

PURPOSE: To ensure that the Department remains consistent with the International Drug Evaluation and Classification program and continues to receive certification from the International Association of Chiefs of Police, this Order revises the Drug Influence Evaluation Report, Form 08.40.02.

PROCEDURE:

I. **DRUG INFLUENCE EVALUATION REPORT - REVISED.** The Drug Influence Evaluation Report, Form 08.40.02, is revised.

A. **Use of Form.** This form has been amended for use by Certified Drug Recognition Experts and Department Certified Narcotics Experts to record their drug influence evaluation of 11550(a) Health and Safety Code and Driving Under the Influence of Drugs arrestees.

B. **Completion.** Completion procedures are self-explanatory.

C. **Distribution.** The form should be distributed the same as the original report.

FORMS AVAILABILITY: The Drug Influence Evaluation Report, Form 08.40.02, will be available for ordering from the Distribution Center, Department of General Services, in about 90 days. Department personnel shall continue to use the Drug Influence Evaluation Report, Form 08.40.02, until the revised form is available.

AMENDMENTS: This Order amends Sections 5/8.40.2 and 5/8.40.280 of the Department Manual.

AUDIT RESPONSIBILITY: The Commanding Officer, Training Group, shall monitor compliance with this directive in accordance with Department Manual Section 0/080.30.

WILLIAM J. BRATTON
Chief of Police

Attachment

DISTRIBUTION “A”

Page _____ of _____

DRUG INFLUENCE EVALUATION

EVALUATOR:

BOOKING NO. | DR#

ARRESTEE'S NAME *(LAST, FIRST, MI)* | AGE | SEX | RACE | ARRESTING OFFICER *(NAME, SERIAL #, DIV.)*

DATE EXAMINED/TIME/LOCATION | BREATH RESULTS: ☐ Refused Results Instrument # | CHEMICAL TEST ☐ Urine ☐ Blood ☐ Both Tests Refused

MIRANDA WARNING GIVEN: ☐ Yes ☐ No
Given by:

What have you eaten today? When?

What have you been drinking? How much? Time of last drink? Drink?

Time now? When did you last sleep? How long?

Are you sick or injured? ☐ Yes ☐ No

Are you diabetic or epileptic? ☐ Yes ☐ No

Do you take insulin? ☐ Yes ☐ No

Do you have any physical defects? ☐ Yes ☐ No

Are you under the care of a doctor/dentist? ☐ Yes ☐ No

Are you taking any medication or drugs? ☐ Yes ☐ No

Attitude:

Coordination:

Speech:

Breath:

Face:

CORRECTIVE LENS ☐ NONE ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft

Eyes ☐ Normal ☐ Bloodshot ☐ Watery

Blindness ☐ None ☐ L. Eye ☐ R. Eye

Tracking ☐ Equal ☐ Unequal

Pupil size: ☐ Equal ☐ Unequal:(explain)

HGN Present ☐ Yes ☐ No

Able to follow stimulus ☐ Yes ☐ No

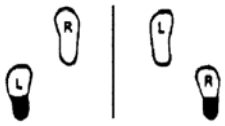
Eyelids: ☐ Normal ☐ Droopy

Pulse and Time	HGN	Left Eye	Right Eye
1. ___/___	Lack of Smooth Pursuit	☐ Yes ☐ No	☐ Yes ☐ No
2. ___/___	Max. Deviation	☐ Yes ☐ No	☐ Yes ☐ No
3. ___/___	Angle of Onset		

Vertical Nystagmus ☐ Yes ☐ No

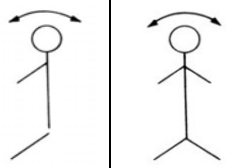
Lack of Convergence
Right Eye Left Eye

One Leg Stand

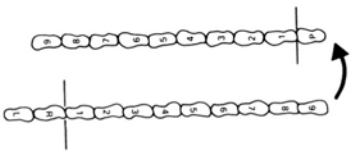


L R
☐ ☐ Sways while balancing
☐ ☐ Uses arms to balance
☐ ☐ Hopping
☐ ☐ Puts foot down

ROMBERG BALANCE TEST



WALK AND TURN TEST



Cannot keep balance _____
Starts too soon _____

	1st Nine	2nd Nine
Stops Walking		
Misses Heel-Toe		
Steps off Line		
Raises Arms		
Actual Steps Taken		

Internal clock
____ estimated as 30 seconds.

Describe Turn:

Cannot do Test:(explain)

Type of Footwear:

Pupil Size	Room Light	Near Darkness	Direct
Left Eye			
Right Eye			

Hippus ☐ Yes ☐ No

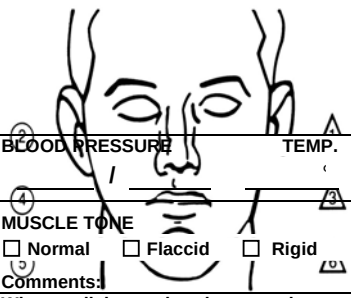
Rebound Dilation ☐ Yes ☐ No

Nasal area:

Oral cavity:

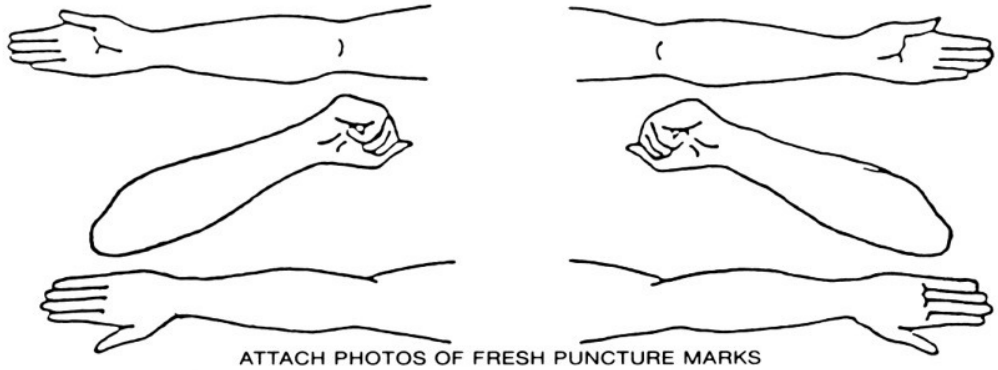
Reaction to Light
☐Normal ☐Slow ☐Little ☐None Visible

○ Right △ Left
Draw lines to spots touched



RIGHT ARM

LEFT ARM



ATTACH PHOTOS OF FRESH PUNCTURE MARKS

BLOOD PRESSURE ___/___ TEMP. ___

MUSCLE TONE
☐ Normal ☐ Flaccid ☐ Rigid

Comments:

What medicine or drug have you been using? | How much? | Time of use? | Where were the drugs used? (Location)

DATE/TIME OF ARREST | TIME DRE NOTIFIED | EVAL START TIME | TIME COMPLETED

CONTROL # | EXAMINING OFFICER | SERIAL NO. | DIVISION | UNAVAILABLE DATES | REVIEWED BY

LAPD 08.40.2 (5/06)

PAGE NO.	DRUG INFLUENCE EVALUATION	BOOKING NO.	DR NO.

NARRATIVE **1. LOCATION 2. WITNESS 3. BREATH TEST 4. NOTIFICATION/INTERVIEW ARRESTING OFFICER 5. INITIAL OBSERVATIONS 6. MEDICAL PROBLEMS 7. PSYCHOPHYSICAL 8. CLINICAL INDICATORS. 9. SIGNS OF INGESTION 10. SUSPECT STATEMENTS 11. OPINION 12. TOXICOLOGY SAMPLE 13. MISCELLANEOUS.**

1. **Location:**
2. **Witness:**
3. **Breath Test:**
4. **Notification/Interview Arresting Officer:**
5. **Initial Observations:**
6. **Medical Problems:**
7. **Psychophysical:**
8. **Clinical Indicators:**
9. **Signs of Ingestion:**
10. **Suspect's Statements:**
11. **Opinion:**
12. **Toxicology Sample:**
13. **Miscellaneous:**